

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
QUALIFICATION FORM FOR RSPMI PROVIDER RE-CERTIFICATION**

BY THE DIVISION OF BEHAVIORAL HEALTH SERVICES

To be submitted to renew DBHS certification after receiving re-accreditation from the national accrediting agency at the time of the new accreditation cycle.

Name of Agency: _____

Chief Executive Officer: _____

Corporate Compliance Officer: _____
(or equivalent position)

Telephone: _____ **FAX:** _____

Address: _____

_____ **E-mail:** _____

_____ **Website:** _____

County: _____

1. The provider named above is fully accredited and in good standing with one of the following accreditation organizations. (Please check your accreditation organization)

____ Joint Commission (J-CO)

____ Commission on Accreditation for Rehabilitation Facilities (CARF)

____ Council on Accreditation (COA)

2. Date of most recent survey: _____

3. National Accreditation Period: _____ through _____

4. The accredited provider is located within the state of Arkansas.

_____ Yes _____ No

As the chief executive officer (or equivalent position) of the agency named above, I verify that all information contained in this form and in all attachments is correct and complete.

Signature of Chief Executive Officer Date Name of CEO, typed or printed

DBHS Form 3 Effective: 05/11/09

Qualification Form for RSPMI Provider Re-Certification

All of the following information must be attached to the Qualification DBHS Form 3 for RSPMI Re-Certification. Applications must be submitted in full. Partial submissions will not be accepted.

1. Latest accreditation survey results. (The entire survey report with a listing of all surveyed sites providing outpatient mental health services must be included.)
2. Copies of all correspondence and e-mails (e-mails may be copied to the DBHS office) between the agency and the accrediting organization that pertains to the accreditation of the provider's outpatient behavioral health services.
3. A signed agreement that DBHS may receive information directly from the accrediting organization regarding the agency's accreditation.
4. All Evidence of Compliance, Measures of Success, Quality Improvement Plans, and any Corrective Action Plans that were required and submitted to the accrediting organization pertaining to outpatient behavioral health services related to the latest accreditation survey.
5. Identify any significant changes (since last certification period) in program resources (i.e. number of sites operated by agency, changes in administrative staff, and number of school-based Mental Health Programs). Please attach additional pages if needed.

6. Identify any significant changes (since last certification period) in personnel qualifications and resources (i.e. changes in code of ethics and client grievance policy, changes in how psychological testing services are delivered and changes in the plan for staff training and supervision). Please attach additional pages if needed.

7. Identify any significant changes (since last certification period) in the physical plant(s). (i.e. changes in address and phone numbers of service delivery sites, any structural/cosmetic changes). Please attach additional pages if needed.

8. Describe any significant changes (since last certification period) in the service delivery plan (i.e. types of services available at each site, changes in the crisis services plan and any plans for expansion or reduction in services). Please attach additional pages if needed.

If you have any questions, please contact Charlotte Carlson, Director of Policy and Certification, Division of Behavioral Health at (501) 683-6903, or e-mail charlotte.carlson@arkansas.gov . or Tullos (Tripp) Franks, clinical specialist at 683-6999 or email at tullos.franks@arkansas.gov.

Please send a cover letter and all application materials to be re-certified by DBHS as an RSPMI Provider to the following address:

Attn. Charlotte Carlson
Division of Behavioral Health Services
305 South Palm Little Rock, AR 72205